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FO The Sta	END DMPLETED DRM TO: e Appropriate ate or Regional fice.		Environmental Protection Agency LE C SITE IDENTIFICATION FORM					CONTROL STATES
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)						
MARK ALL BOX(ES) THAT APPLY		 ☐ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) 						
		Site was a TSD facility and/o >100 kg of acute hazardous LQG regulations)	or generator of	f <u>></u> 1,000 kg of h	nazardous was	ste, >1 kg of acu		
2.	Site EPA ID Number	EPA ID Number						
3.	Site Name	Name: West Vermont Drinking Wate	er Contamin	ation Site				
4.	Site Location	Street Address: Multiple addresses						
	Information	City, Town, or Village: Indianapolis				County: M	arion	
		State: IN Country: US				Zip Code : 46222		
5.	Site Land Type	Private County Distri	ct	eral 🗖 Trik	oal \square M	unicipal \Box	State	➤ Other
6.	NAICS Code(s) for the Site	A.		C.				
	(at least 5-digit codes)	В		D.				
7.	Site Mailing	Street or P.O. Box: 2525 N. Shadeland Avenue, Suite 100						
	Address	City, Town, or Village: Indianapolis	T					
		State: IN	Country: U	S		Zip Code: 46	219	
8.	Site Contact	First Name: Shelly	MI:	Last: Lam				
	Person	Title: On-Scene Coordinator, U.S. Environmental Protection Agency						
		Street or P.O. Box: 2525 N. Shadeland Avenue, Suite 100						
		City, Town or Village: Indianapolis	T					
		State: IN	Country: U	S		Zip Code: 46	219	
		Email: Lam.Shelly@epa.gov						
		Phone: 317-417-0980	Ext	i:		Fax: Date Became		
9.	Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Not a	pplicable			Owner:		
		Owner Type: Private County	District	☐ Federal	Tribal	☐ Municipal	State	○ Other
		Street or P.O. Box: Multiple address						
		City, Town, or Village: Indianapolis				Phone:		
		State: IN	Country: US			Zip Code:		
		B. Name of Site's Operator: Not applicable Date Became Operator:						
		Operator Type: Private County	District	☐ Federal	Tribal		State	X Other
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EPA ID Number		OMB#: 2050-0024; Expires 11/30/2011			
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.					
A. Hazardous Waste Activiti	es; Complete all parts 1-7.				
	Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material. 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non acute hazardous waste. Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.	Y N S 3. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities. Y N S 4. Recycler of Hazardous Waste Y N S 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.			
If "Yes" abo	ve, indicate other generator activities.	a. Small Quantity On-site Burner Exemption			
time even	rm Generator (generate from a short-term or one- nt and not from on-going processes). If "Yes", n explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption			
Y N 🗷 e. United Sta	ates Importer of Hazardous Waste	Y ☐ N 区 6. Underground Injection Control			
Y N X f. Mixed Wa	aste (hazardous and radioactive) Generator	Y ☐ N ☒ 7. Receives Hazardous Waste from Off-site			
B. Universal Waste Activities	s; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.			
accumula regulatio types of	uantity Handler of Universal Waste (you ate 5,000kg or more) [refer to your State ons to determine what is regulated]. Indicate universal waste managed at your site. If "Yes' that apply.	Y N X 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)			
d. Lamps e. Other f. Other g. Other Y \[\bigcup \bigc	ides	Y N Z 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Y N Z 3. Off-Specification Used Oil Burner Y N X 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used			
		Oil Meets the Specifications			

EPA ID Number				OME	3#: 2050-0024; Ex	pires 11/30/2011
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
	<u>ust</u> check with your S bpart K	tate to determine if yo	ou are eligible to man	age laboratory hazar	dous wastes pursuar	nt to 40 CFR Part
See the it a. Coll b. Tea c. Nor	em-by-item instruct ege or University ching Hospital that is a-profit Institute that is	ng under 40 CFR Par tions for definitions owned by or has a for sowned by or has a for	of types of eligible ormal written affiliation	academic entities. In agreement with a contains a greement with a contains a greement with a contains a conta	Mark all that apply: ollege or university college or university	boratories
☐ 2. Withdrawi	ng from 40 CFR Part	262 Subpart K for th	e management of ha	zardous wastes in lab	ooratories	
	of Hazardous Waste					
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D043						
	astes handled at you	d (i.e., non-Federal) r site. List them in the				

EPA ID Number		DMB#: 2050-0024; Expires 11/30/2011				
12. Notification of Hazardous Secondary Mater	ial (HSM) Activity					
	N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?					
If "Yes", you <u>must</u> fill out the Addend Material.	um to the Site Identification Form: Notification	for Managing Hazardous Secondary				
13. Comments						
U.S. Environmental Protection Agency Time-(Critical Removal Action					
Ů,	5.5. Environmental 1-10.00.1017 (golfo) Timo Online Temoval 7 (0.101)					
I. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
	On-Scene Coordinator	11/09/2011				